

Office of General Services
Safety Program and Policy Manual

SUBJECT: BLOODBORNE PATHOGENS PROGRAM
RE: 29 CFR 1910.1030 OSHA Bloodborne Pathogens Standard
DATE: 03/15/02

I. **INTRODUCTION**

The Federal Occupational Safety and Health Administration (OSHA) published its Bloodborne Pathogen Standard (29 CFR 1910.1030) on December 6, 1991. It was revised relating to Bloodborne Pathogens which are microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV). The Hepatitis B virus can cause liver disease and death if not treated. The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. The Standard covers body fluids that are visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

II. **PURPOSE**

The purpose of this program is to establish guidelines and policy that may prevent employee exposure(s) to Bloodborne Pathogens.

III. **POLICY STATEMENT**

The policy of the General Services Division, SC Budget & Control Board, shall be to protect employees from exposure to blood or other infectious materials by training as outlined in this Bloodborne Pathogen Program in the use of universal precautions, such as the use of personal protective equipment, housekeeping requirements, decontamination procedures, disposal of sharps (needles, scalpels, broken glass) and regulated waste, labeling and signs. It shall be the policy of this Division to review the Bloodborne Pathogens Program and train affected employees annually on any changes in the program.

IV. **DEFINITIONS**

- A. Bloodborne pathogens: Microorganisms that are present in human blood and can cause disease in humans.
- B. Contaminated sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, knife blades, and broken glass.
- C. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (i. E., needlesticks, human bites, cuts and abrasion) with blood or other potentially infectious materials that results from the performance of an employee's duties.
- D. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other infectious materials that may result from the performance of an employee's duties.
- E. Universal Precautions: All human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

V. **EXPOSURE DETERMINATION**

- A. All employees in the following job classifications are considered to have occupational exposure to bloodborne pathogens:

[A select crew of individuals in the FM Custodial Team who may encounter body fluids in restrooms.] Probabaly not but WHAT?????//
- B. Employees in all other job classifications should not have occupational exposure to bloodborne pathogens.
- C. Last year the General Services Division, SC Budget & Control Board, did not experience any sharps injuries.
- D. The General Services Division, SC Budget & Control Board, did not use any medical devices at any of our locations – however we are doing an annual evaluation for any medical technology that may protect our employees from Bloodborne Pathogens more thorough than current medical technology.
- E. The following is a list of tasks and procedures in which occupational exposure to blood or other potentially infectious materials can be expected to occur.
 - 1. Responding to an emergency to provide first aid treatment.
 - 2. Mouth to mouth resuscitation without personal protective equipment.

3. Housekeeping operations which could involve risk or direct exposure to body fluids while cleaning rest areas and rest rooms or blood spills.

VI. METHODS OF COMPLIANCE

For the protection of employees from bloodborne pathogens, the following Universal Precautions and engineering and work practice controls shall be followed:

- A. UNIVERSAL PRECAUTIONS: Universal precautions will be observed by all employees of the General Services Division, SC Budget & Control Board, to prevent contact with blood or other potentially infectious materials. Universal Precautions refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluid shall be considered potentially infectious materials.
- B. ENGINEERING AND WORK PRACTICE CONTROLS: The following engineering and work practice controls shall be used to eliminate or minimize employee exposure when there is an occupational exposure to blood or other infectious materials:

1. Personal Protective Equipment

- a. Leak proof gloves shall be worn whenever there is a possibility of contact with body fluids. These gloves are available in all General Services Division, SC Budget & Control Board, first aid kits.
- b. A face mask and goggles or one piece mask and eyeshield shall be work whenever there is a the possibility of splashing or splattering body fluids into the eyes, nose, or mouth. This personal protective equipment is available in all General Services Division, SC Budget & Control Board, first aid kits.
- c. Gowns or other protective body clothing shall be work when there is the possibility of blood or to the body fluids coming in contact with the employee's clothing. This personal protective equipment is available in all General Services Division, SC Budget & Control Board, First Aid Kits.

2. Handwashing

Employees shall wash hands and any other skin with soap and water, and flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials. If water is not

immediately available, hands shall be washed with an antiseptic towelette. As soon as possible, hands should be washed with soap and water.

Technique:

- a. Use continuously running water.
 - b. Use generous amount of soap.
 - c. Apply with vigorous contact on all surfaces of hands.
 - d. Wash a minimum of twenty seconds.
 - e. Clean under and around the fingernails.
 - f. Keeping hands down, rinse them well with warm running water.
 - g. Avoid splashing.
 - h. Dry hands well with paper towels.
 - i. Use towel to turn off water.
 - j. Discard the towel in trash receptacle.
3. Sharps are not available in the General Services Division, SC Budget & Control Board offices. It is the policy of the General Services Division, SC Budget & Control Board, to treat sharps in the following manner, should there be any found on the premises.
- a. Contaminated sharps shall be placed in labeled, puncture-resistant, leak-proof, sharps containers immediately or as soon as possible after use.
 - b. Labeled sharps containers shall be easily accessible to personnel using sharps.
 - c. Sharps containers used for storage, transport, or shipping shall be labeled with the biohazard symbol or color-coded and closed prior to being stored, transported, or shipped.
 - d. If a sharps container becomes contaminated on the outside, it shall be placed inside a properly labeled or color-coded leak-proof secondary container.
 - e. Contaminated needles and other contaminated sharps shall not be sheared, clipped, bent or broken. Contaminated needles and other contaminated

sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible by a specific medical procedure. Such recapping or removal must be accomplished through the use of a mechanical device or a one-handed technique.

- f. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires an employee to reach by hand into the containers where these sharps have been placed.

4. Work Practices

- a. Contaminated reusable equipment shall be cleaned of visible organic material and placed in designated areas for decontamination. This would include items used in our CPR/ First Aid training.
- b. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of exposure to bloodborne pathogens is prohibited.
- c. Food and drink shall not be kept in freezers, refrigerators, shelves, or cabinets or on countertops or benchtops where blood or other potentially infectious materials are handled or stored.
- d. Contaminated reusable equipment shall be cleaned and decontaminated after each use, using the appropriate procedures and precautions for each piece of equipment.
- e. Containers used within the Division for storage, transportation or shipping shall be color-coded red and marked with the biohazard symbol.
- f. Dry biohazard materials or contaminated personal protective equipment may be placed in a cardboard box, with the box being sealed and labeled with an approved biohazard label.
- g. Dry biohazard materials or personal protective equipment may be transported in the trunk of a vehicle or the back of a truck. No dry biohazard material, infectious waste, or contaminated personal protective equipment shall be transported in the passenger compartment of any vehicle.
- h. The South Carolina Department of Health and Environmental Control (DHEC) has advised that biohazard materials, infectious materials, or contaminated personal protective equipment that is not dripping with blood may be double bagged in regular trash bags and disposed of at local landfills, providing the landfills will accept the biohazard materials.

Supervisors need to contact their local landfill to determine if the landfill will accept the biohazard materials. If a landfill will not accept the biohazard materials, the materials must be placed in a container that is marked with the biohazard emblem. The biohazard materials should then be transported to the General Services Division, SC Budget & Control Board - Safety Support Unit (803-737-2311) for disposal.

5. Personal Protective Equipment

- a. During medical emergencies requiring CPR or rescue breathing, employees shall use protective devices, such as a mask, resuscitation bag, etc. Employees shall avoid using direct mouth-to-mouth contact. After use, protective devices shall be placed in a storage bag, with the biohazard symbol and placed in a designated area for storage and disposal.
- b. The General Services Division, SC Budget & Control Board, Safety Support Office will provide, at no cost to the employee, appropriately sized personal protective equipment such as gloves (including hypoallergenic gloves when necessary), gowns, lab coats, face shields, masks, eye protection, mouth pieces, resuscitation bags, pocket masks or ventilation devices, as necessary for the work required.
- c. The General Services Division, SC Budget & Control Board, Safety Support Unit shall clean; launder, and/or dispose of personal protective clothing and equipment at no cost to the employee in the event of a blood related accident.
- d. All personal protective equipment must be removed prior to leaving the contaminated area and placed in the designated area for storage and disposal.

C. HOUSEKEEPING - All contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of emergency procedures. The following procedures shall be adhered to when blood or other potentially infectious materials have contaminated an area:

1. Employees handling contaminated laundry shall wear gloves and / or other appropriate personal protective equipment.
2. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. Broken glass shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
3. Gloves and other appropriate personal protection equipment shall be worn during clean up. Spills of blood or blood-containing body fluids should be cleaned up using a solution of household bleach and water in a 1:10 solution. When it is not practical to use bleach, other approved

decontamination solutions may be used. To clean up spills of blood or other potentially infectious material, immediately cover the area with at least four layers of absorbent paper. Pour bleach or other disinfectant onto the absorbent paper and allow standing for one minute, then picking up the absorbent paper and as much of the spill as possible, place materials in a biohazard bag. Absorbent paper shall be discarded in a biohazard bag. After initial pick-up is completed, disinfect area with the disinfectant and again apply four layers of absorbent paper, clean area, and discard paper in biohazard bag.

4. Protective coverings, such as plastic wrap, aluminum foil, or imperviously – backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated.
5. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible after contamination.
6. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
7. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
8. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded to indicate biohazard material.
9. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from a bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and / or leakage of fluids to the exterior.

VIII. HEPATITUS B VIRUS VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. All potential exposure incidents must be reported to the immediate supervisor. To assure that the General Services Division, SC Budget & Control Board employees comply with the Bloodborne Pathogens Standard, the employee's supervisor shall report the potential exposure incident by telephone or in person to the General Services Division, SC Budget & Control Board - Safety Support Unit immediately (within one hour) after he/she has been notified of the blood related incident.

- B. The General Services Division, SC Budget & Control Board, Safety Support Unit will investigate immediately to determine if it is possible that an exposure occurred. If an exposure is likely, the Safety Support Unit staff member will determine if a source individual is known. If the source individual is known, he/she will be asked to provide a blood sample. If the source individual refuses to provide a blood sample, the exposure report will continue. If the source individual agrees to provide a blood sample, he/she will be accompanied to the physician's office.

Following a report of an exposure incident, the employee shall go at the direction of the Occupational Health Nurse at Compendium Services (877-709-2667) to a Doctor's Care physician within twenty-four hours of exposure to receive a confidential Medical evaluation and follow-up including documentation of the routes of exposure and the circumstances under which the exposure risk occurred. The source individual will be identified and documented unless that identification is infeasible or prohibited by state or local law. Post exposure evaluation, when medically indicated, will be provided as well as counseling and evaluation of reported illnesses. The General Services Division, SC Budget & Control Board, shall direct the Doctor's office to provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

- B. Hepatitis B virus vaccination shall be made available immediately to employees who render aid to an injured or ill person, a Hepatitis B virus vaccination shall be made available within twenty four hour after any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, and at any time thereafter that the employee chooses to receive the vaccine. Refusal to receive the vaccine will be in writing using the Hepatitis B Virus (HBV) Vaccination Waiver Form in Appendix D.
- C. After an exposure incident the employee's supervisor will complete an Exposure Incident Investigation Report (Appendix B), and a Post-Exposure Evaluation and Follow-up Checklist (appendix C) and forward both to the General Services Division, SC Budget & Control Board, Safety Support Unit within thirty days.

IX. **REQUIRED TRAINING**

Specific training on bloodborne pathogens would be provided to employees with potential occupational exposures, such as first aid providers if those positions exist at the Division of General Services, SC Budget & Control Board. Departmental employees will be given bloodborne pathogens awareness training during the employee's safety orientation. A member of the safety support staff

shall conduct training. Training shall be provided according to the following schedules:

A. Employees with known occupational exposures:

1. Prior to initial assignment to a task where occupational exposure may occur.
2. An annual refresher-training course shall be provided within one year of the previous training.
3. The General Services Division, SC Budget & Control Board, Safety Support Unit shall provide additional training when changes, such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The training may be limited to addressing the new exposures created.

B. Other General Services Division, SC Budget & Control Board Employees:

Employees who do not have a potential occupational exposure to blood will be given a brief presentation on bloodborne pathogens during the employee safety orientation.

X. **RECORD KEEPING**

A. The General Services Division, SC Budget & Control Board, Safety Support Unit staff shall maintain an accurate record for each employee who has an occupational exposure incident. This record shall be located at the hospital or physician's office where the treatment was given and will include:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A copy of the information provided to the health care professional who is responsible for evaluating an employee after an exposure incident.
5. The General Services Division, SC Budget & Control Board, copy of the health care professional's written opinion, when one is

consulted after an employee exposure to blood or other potentially infectious materials will reside at the selected Doctor's office.

- B. The General Services Division, SC Budget & Control Board, Safety Support Unit, shall ensure that employee's medical records are:
 - 1. Kept confidential.
 - 2. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. The General Services Division, SC Budget & Control Board, Safety Support Unit, shall maintain the records required for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20 (Employees may have access to medical records).
- C. Training records shall include the following information, and must be available to employees or their representative for examination or copying:
 - 1. The dates of the training sessions.
 - 2. The contents or a summary of the training sessions including documentation of employees understanding of their access to the OSHA Standard 1910.1030.
 - 3. The names and qualifications of persons conducting the training.
 - 4. A Training Documentation Form (Appendix A) must be completed and signed by employees with occupational exposure to blood. (None of our employees fit this description at this time).
 - 5. Training records shall be maintained for three years from the date the training occurred.

XI. **APPENDIX**

- A. Training Documentation Form
- B. Exposure Incident Investigation Form
- C. Post – Exposure Evaluation and Follow – up Checklist

D. Vaccination Waiver Form

End of Program

Appendix A.

TRAINING DOCUMENTATION

_____ I HAVE ATTENDED General Services Division, SC Budget & Control Board, Safety Support Unit, training on the Bloodborne Pathogen Standard – OSHA’s 29 CFR 1910.1030. This training included a discussion on disease epidemiology and transmission HBV vaccine – its safety and its benefits, exposure potential to infectious materials during the course of my job duties, those engineering controls and universal precautions which can reduce my exposure, personal protective equipment and how it may be used to reduce my exposure, label and color coding of infectious materials, decontamination procedures, accident reporting and medial follow-up and specific General Services Division, SC Budget & Control Board, procedures.

_____ I understood the information presented and was able to ask questions. I know the location of the General Services Division, SC Budget & Control Board’s Exposure Control Plan and understand its contents.

_____ I understood that I have access to the OSHA Standard on Bloodborne Pathogens (1910.1030).

_____ I will attend the annual refresher classes required by the Standard as long as I am employed with the General Services Division, SC Budget & Control Board, if my job duties could cause occupational exposure to blood or other infectious materials.

_____ I agree to follow all instructions presented in this program.

Employee’s signature: _____

Employee’s Job Title: _____

Date: _____

Supervisor: _____

Instructor’s Signature _____

Appendix B.

EXPOSURE INCIDENT INVESTIGATION REPORT

Employee's Name: _____ Organization: _____

Date of Incident: _____ Time of Accident : _____

Location of Accident: _____

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Circumstances (Work being performed, etc.): _____

How incident was caused (accident, equipment malfunction, etc.) : _____

Personal protective equipment used: _____

Action taken (decontamination, clean – up, reporting, etc.):

Was exposure avoidable? _____

If not, recommendations for avoiding repetition:

(Form is to be completed by the employee's immediate supervisor after an exposure incident. Upon completion, the form should be forwarded to the Safety Support office.)

Appendix C.

POST EXPOSURE EVALUATION AND FOLLOW – UP CHECKLIST
General Services Division, SC Budget & Control Board, Safety Support Unit

The following steps must be taken, and information transmitted in case of an employee's exposure to Bloodborne Pathogens:

Exposure time: _____ Date: _____

Requirement	Time / Completion Date
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Contacted Safety Support Unit (Emergency Beeper 803-954-9124)	_____
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Appointment arranged for employee with healthcare professional	_____
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(Professional's Name: _____)

The following documentation must be forwarded to the healthcare professional:

_____ Copy of Bloodborne Pathogens Standard

_____ Description of exposed employee's duties.

_____ Description of exposure incident, including routes of exposure.

_____ Employee's medical records.

Exposed employee's blood collected and tested.

HBV Vaccine offered or declined (within 24 hours)

Source individual identified.

YES / NO

(Source individual) _____

Source individual requested to voluntarily give blood sample.

YES / NO

_____ Consent cannot be obtained.

_____ Result of source individual's blood testing.

Source individual's blood tested and results given to exposed employee. _____

Employee furnished with investigation report and healthcare professional's written opinion regarding exposure incident within 15 days. _____

(Form to be completed by the employee's immediate supervisor. Upon completion, the form should be forwarded to the Safety Support Unit, General Services Division, SC Budget & Control Board.)

First Aid / CPR Program

(Ref.: OSHA Std. CFR 1910.151)

- I. The Office of General Services has an on-going First Aid / CPR Program to aid employees who are injured or become ill while on-the-job. The General Services Division, SC Budget & Control Board uses the American Red Cross First Aid / CPR Program. OSHA accepts the American Red Cross Program. Standard First Aid programs now include adult CPR training.
- II. Each work unit is required to have as a minimum the following trained first aid personnel available:

Work Unit

FM State House Maintenance Team	All team members except Custodial
FM Environmental/ Energy Team	All team members, except Supervisor
FM Building Services Team	All team members who do Electrical or Mechanical work, except Team Leader, Elevator Operator
FM Building Maintenance Teams 1, 2 & 3	All Plumbers, Plumber's Helpers and the Supervisor in charge of these positions. Individuals who do Electrical or Mechanical work
- III. For employees to be certified in CPR / First Aid, must meet the following requirements:
 - A. In CPR, students must satisfactorily perform the skills of rescue breathing, adult CPR, obstructive airway – conscious and unconscious victim, and pass a written test for certification.
 - B. CPR requires re-certification every year.
 - C. In First Aid, students must learn the necessary skills to treat wounds / controlling bleeding, shock, fractures, burns, eye injuries, fainting and diabetic emergencies, drug overdose / poisoning, convulsions / epileptic seizures, temperature related problems, snake bites, wasp stings, and emergency moving of the victim.
 - D. First Aid requires re – certification every three years.
- IV. To register for First Aid / CPR classes:
 - A. Employees who are in the Teams listed above will be registered automatically by their Team Training Coordinators. Classes will be held on a regular basis and taught by the General Services Division, SC Budget & Control Board Safety Support Unit Staff.

First Aid Kits

(Ref.: OSHA Std. CFR 1910.151)

1. First Aid kits are required to be on job sites when employees are present.
2. First Aid kits must be easily accessible.
3. First Aid kits shall be checked regularly for expended items.
4. General Services Division, SC Budget & Control Board, First Aid kits shall contain the items listed below. These items may be requisitioned from the Central Supply .

Quantity	Item	Stock Number
1-	CPR Microshield, one-way valve mask	GO48052
2-	4" compress bandages (1 per package)	GO48005
2-	2" compress bandages (4 per package)	GO48004
1-	Adhesive compress (16- 1" Band – Aids)	GO48050
2-	Adhesive compress (5 fingertip and 4 knuckle bandages per package)	GO48050
1-	Povidone iodine swabs (10 per package)	GO48039
1-	Sterile gelled water for burns (1 per package)	G048054
1-	Ammonia inhalants (10 per package)	G048003
2-	40" Triangular bandages (1 per package)	G048017
1-	4" x 6 yard gauze bandage (1 per package)	G048011
1-	Eye dressing packet (4 per package)	G048006
1-	Soap, antiseptic, towelette (10 per package)	G048035
1-	Insect sting swab (10 pr package)	G048020
1-	Personal Protective Equipment (PPE) kit (2 pair gloves – sz large - & sz ex large, 1 gown, 1 face mask, 2 shoe covers, 2 antiseptic wipes, biohazard bag & blood clean up wipe)	G048056
	Complete First Aid Kit	G047001

Items within the First Aid kit may be replaced from the Central Supply Section of the General Services Division, SC Budget & Control Board.